

EMPLOYMENT AND TRAINING ADMINISTRATION ADVISORY SYSTEM U.S. DEPARTMENT OF LABOR Washington, D.C. 20210	CLASSIFICATION SCSEP
	CORRESPONDENCE SYMBOL DNPTTA
	DATE April 30, 2012

ADVISORY: TRAINING AND EMPLOYMENT GUIDANCE LETTER NO. 26-11

TO: SENIOR COMMUNITY SERVICE EMPLOYMENT
PROGRAM STATE AND TERRITORIAL GRANTEEES

FROM: JANE OATES 
Assistant Secretary

SUBJECT: Program Year 2012 Planning Instructions and Allotments for Senior
Community Service Employment Program (SCSEP) State and Territorial Grant
Applicants

1. **Purpose.** To provide SCSEP state and territorial grant applicants with application instructions, procedures, and allotments for Program Year (PY) 2012 funds, with a period of performance beginning July 1, 2012.

2. **References.**

- Department of Labor Appropriations Act, 2012, Title I of Division F of the Consolidated Appropriation Act, 2012, P.L. 112-74;
- 2006 Older Americans Act Amendments (OAA), P.L. 109-365, 42 U.S.C. 3056 et.
- 20 CFR Part 641;
 1. SCSEP Final Rule, 75 FR 53785 (Sep 1, 2010)
 2. SCSEP; Final Rule, Additional Indicator for Volunteering, 77 FR 4654 (Jan 31, 2012)
- Training and Employment Guidance Letter (TEGL) 12-06, *Revised Income Inclusions and Exclusions and Procedures for Determining SCSEP Eligibility*;
- TEGL 16-11, *2012 Federal Poverty Guidelines*;
- Priority of Service for Covered Persons Final Rule, 20 CFR Part 1010, 73 FR 78132 (Dec 19, 2008);
- Americans with Disabilities Act, as amended, P.L. 110-325;
- SCSEP Performance Data Collection Approval (Office of Management and Budget No. 1205-0040);
- Jobs for Veterans Act, P.L. 107-288.

RESCISSIONS TEGL 25-10	EXPIRATION DATE June 30, 2013
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3. **Background.** Under the OAA Title V, the Employment and Training Administration (ETA) provides annual grants to state and territorial grantees for all 56 state and territories. A planning guidance TEGl is released each year to provide funding and authorized position amounts and to assist SCSEP grant applicants in preparing their application for the annual OAA Title V appropriation (P.L. 112-74).
4. **Overall Approach.** This year ETA is streamlining the grant application process. State and territorial grantees will be required to submit information on Organization Structure, Monitoring, and Audits, but no other narrative information will be required. We will provide a generic Statement of Work to state and territorial grantees for PY 2012 to use in place of a more detailed Program Narrative. Optional requests are in Attachment D, including the opportunity to revise grantee policy for the 4-year individual participant durational limits. All other documents listed as attachments for the TEGl are required: SF-424, 424A with budget narrative, and signed SCSEP programmatic assurances. State and territorial grantees should note that PY 2012 funding for SCSEP is slightly less than PY 2011 funding. The funding amounts and authorized position allocations are in Attachment A.
5. **Grant Application Procedural Requirements.** All SCSEP grant applicants must submit a grant application package in order to receive PY 2012 funding. The Grant Officer will not approve a grant application that fails to provide any of the required information outlined in this guidance. The Department of Labor requires the following items in the grant application package:

Program Narrative (Attachment B). Applicants must provide a narrative in accordance with the description in Attachment B.

Programmatic Assurances (Attachment C). Applicants must submit signed programmatic assurances that reflect standard program requirements based on the OAA and its regulations at 20 CFR Part 641.

Optional Special Requests (Attachment D). Applicants may provide additional optional narratives, described in Attachment D, for any special requests in one or more of the following areas:

- Waiver for additional funds for training and supportive services
- Revision of 48 month individual participant durational limit policy
- Administration cost cap increase
- Extension of maximum project duration
- On-the-job experience training option
- Cross-border agreements

Budget Forms (Attachments E-G). Applicants must include in their grant application a signed Application for Federal Assistance SF-424; a SF-424A Budget Information Form; and a detailed budget narrative. These forms and instructions are in Attachments E through G.

Applicants should not include manuals and operating procedures in the application. Federal Project Officers (FPOs) may request these separately as needed.

Geographic Areas to Be Served. The grant application must list the cities and counties the grant will serve; include the number of SCSEP authorized positions that you will establish in each jurisdiction with PY 2012 funds. Applicants serving a city, as well as its surrounding counties or jurisdictions, must list authorized positions in the surrounding counties and jurisdictions. This information can be submitted in an Excel spreadsheet as a separate attachment, and will serve to provide information for Item 14 on the SF-424.

6. **PY 2012 Program Allotments.** See Attachment A for funding levels and authorized positions.
7. **Schedule and Action Requested.** Applicants must comply with the following:
 - Provide forms SF-424 and SF-424A with narrative to the State Office on Aging (if not the grantee) and Area Agencies on Aging (AAAs) no later than the date of submission to the Department.
 - Submit the PY 2012 grant application to ETA, Office of Workforce Investment, Division of National Programs, Tools, and Technical Assistance no later than **May 21, 2012**. Applicants are encouraged to submit their applications as soon as possible.
8. **Method of Submission.** Applicants must submit the items listed in section 5 of this TEGL via e-mail to grants.scsep2012@dol.gov, with an electronic copy to the applicant's FPO (Attachment H). If an applicant is unable to submit electronically, the applicant must submit hard copy applications by fax to (202) 693-3817, or by overnight delivery to the address below:

Kimberly Vitelli
Chief, Division of National Programs, Tools, and Technical Assistance
U.S. Department of Labor
200 Constitution Avenue, NW
Room S-4209
Washington, D.C. 20210-0001

Please note that all application packages must have an electronic or actual date stamp no later than **May 21, 2012**. Applicants requiring receipt verification for grant documents from the grant e-mail box should use the Return Receipt Request under "Options" in their e-mail program.

9. **Grant Application Intergovernmental Review.** In accordance with Section 502(d) of the 2006 Amendments to the OAA, applicants must share applications on an intrastate basis and provide appropriate AAAs with copies of the SF-424, Application for Federal Assistance, a summary of project locations, and an explanation of services that the applicant will provide in each state. In addition, state applicants should follow procedures established

by Executive Order 12372, which implements the Single Point of Contact (SPOC) system, unless the state SPOC has waived this requirement. Applicants should include documentation supporting these requirements with the grant application.

10. Eligibility Review/Responsibility Review/Grant Application Review. The Department will conduct a grant application review as provided at Section 514 of the 2006OAA Amendments and 20 CFR 641.430-440 of the regulations. The Department will not issue final approval for PY 2012 funding if the grantee:

- Fails to meet the eligibility tests of Section 514(c) of the 2006 OAA Amendments and criteria as provided at 20 CFR 641.430 of the current regulations.
- Fails to meet the responsibility tests of Section 514(d) of the 2006 OAA Amendments and criteria as provided at 20 CFR 641.440 of the current regulations.
- Fails to submit the materials listed in this TEGL.

11. Inquiries. Questions may be directed to the applicant's FPO.

12. Attachments.

Attachment A:	Funding Allocations and Authorized Positions
Attachment B:	Program Narrative Instructions
Attachment C:	Programmatic Assurances
Attachment D:	Optional Special Requests
Attachment E:	SF-424 Instructions
Attachment F:	SF-424
Attachment G:	SF-424A
Attachment H:	List of Federal Project Officers (FPOs)

SCSEP PY 2012 State and Territory Allocations

	Positions	Dollars		Positions	Dollars
Alabama	169	\$1,643,685	Nevada	49	\$472,321
Alaska	196	\$1,897,116	New Hampshire	49	\$472,321
Arizona	122	\$1,180,267	New Jersey	258	\$2,505,352
Arkansas	167	\$1,614,721	New Mexico	52	\$499,623
California	785	\$7,610,187	New York	605	\$5,865,131
Colorado	93	\$897,871	North Carolina	240	\$2,324,329
Connecticut	100	\$970,281	North Dakota	55	\$535,827
Delaware	196	\$1,897,116	Ohio	399	\$3,873,882
District of Columbia	53	\$514,104	Oklahoma	147	\$1,426,458
Florida	540	\$5,235,172	Oregon	134	\$1,303,362
Georgia	203	\$1,969,525	Pennsylvania	490	\$4,750,031
Hawaii	196	\$1,897,116	Puerto Rico	125	\$1,216,471
Idaho	49	\$472,321	Rhode Island	49	\$477,899
Illinois	356	\$3,453,910	South Carolina	125	\$1,209,231
Indiana	240	\$2,324,329	South Dakota	63	\$615,477
Iowa	117	\$1,136,822	Tennessee	187	\$1,810,226
Kansas	93	\$905,113	Texas	508	\$4,923,813
Kentucky	174	\$1,687,130	Utah	61	\$593,754
Louisiana	155	\$1,498,867	Vermont	51	\$492,381
Maine	57	\$550,309	Virginia	199	\$1,926,080
Maryland	126	\$1,223,713	Washington	135	\$1,310,603
Massachusetts	199	\$1,933,321	West Virginia	103	\$999,244
Michigan	305	\$2,961,529	Wisconsin	234	\$2,273,643
Minnesota	217	\$2,107,102	Wyoming	49	\$472,321
Mississippi	113	\$1,100,617	State Total:	9,741	\$94,464,210
Missouri	226	\$2,193,993	American Samoa	104	\$1,008,565
Montana	57	\$557,549	Guam	104	\$1,008,565
Nebraska	70	\$680,644	Northern Marianas	35	\$336,189
			Virgin Islands	104	\$1,008,565
			Territory Total:	347	\$3,361,884

**PROGRAM NARRATIVE INSTRUCTIONS
FOR PROGRAM YEAR 2012 FUNDS**

***Format:** The text of the application must be double-spaced with one-inch margins at the top, bottom, and sides. Pages must be numbered and include the applicant's name. The Department of Labor permits the use of graphs, maps, and tables that are properly labeled. The Department encourages applicants to use brief topic headings for paragraphs in the text. The narrative must not exceed five pages in length, excluding any attachments.*

***Content:** All applicants must provide a narrative that covers the following area:*

Organizational Structure, Monitoring, and Audits (OMB Circular A-102) as an attachment to SF-424, Item f. Applicants should describe their organizational structure:

- (a) Identify the grant's key staff; briefly identify their primary responsibilities and the amount of time assigned to the grant. Include an organizational chart, as an attachment, depicting key staff.
- (b) Indicate whether the applicant has sub-recipients or local affiliates implementing the grant.
- (c) Describe how the grantee ensures that policy and other important information is communicated and implemented throughout the program area.

PROGRAMMATIC ASSURANCES—PROGRAM YEAR 2012 GRANT

The programmatic assurances below reflect standard grant requirements that DOL has determined are consistent with sound program practices.

Applicants, please certify that your agency or organization will conform to these assurances throughout the period of the grant by checking off the assurances below. This form can be completed electronically; to check off the assurances, go to the “View” function, choose “Toolbars,” click on the left side of “Forms,” then click on small lock.

PARTICIPANT ASSURANCES

The Applicant agrees to:

Recruitment and Selection of Participants

- ☐ Develops and implements methods to recruit and select participants to assure that a maximum number of eligible individuals are able to participate in the program.
- ☐ Uses income definitions and income inclusions and exclusions for SCSEP eligibility, as described in TEGL 12-06, to determine and document participant eligibility. (TEGL 12-06 may be accessed at olderworkers.workforce3one.org under “Resources.”)
- ☐ Develops and implements methods to recruit minority populations to ensure they are enrolled at least in proportion to their numbers in the population in the area.
- ☐ Develops and implements strategies to recruit applicants who have priority of service as defined in OAA section 518(b) (1)-(2) and by the Jobs for Veterans Act, P.L. 107-288. Individuals have priority who:
 - a) Are covered persons in accordance with the Jobs for Veterans Act (covered persons – veterans and eligible spouses, including widows and widowers – who are eligible for SCSEP must receive services instead of, or before, non-covered persons);
 - b) Are 65 years or older;
 - c) Have a disability;
 - d) Have limited English proficiency;
 - e) Have low literacy skills;
 - f) Reside in a rural area;
 - g) Have low employment prospects;
 - h) Have failed to find employment after utilizing services provided through the One-Stop Delivery System;
 - i) Are homeless or are at risk for homelessness.

Assessment

- ☐ Assesses participants at least twice per 12 month period.

- ☐ Uses assessment information to determine the most appropriate community service assignments for participants.

Individual Employment Plan (IEP)

- ☐ Establishes an initial goal of unsubsidized employment for all participants.
- ☐ Updates the IEP at least as frequently as assessments occur (at least twice per 12 month period).
- ☐ Modifies the IEP as necessary to reflect other approaches to self-sufficiency, if it becomes clear that unsubsidized employment is not feasible for a participant.
- ☐ For participants who will reach the individual durational limit or would not otherwise achieve unsubsidized employment, includes provision in the IEP to transition to other services.

Community Service Assignment (CSA)

- ☐ Ensures that the initial CSA is based on the assessment done at enrollment.
- ☐ Uses the IEP to determine when, if appropriate, to rotate participants through assignments to acquire skills necessary for unsubsidized employment.
- ☐ Selects host agencies that are designated 501(c) (3) organizations or public agencies.
- ☐ Ensures procedures are in place to assure adequate supervision of participants at host agencies.
- ☐ Ensures procedures are in place to ensure safe and healthy working conditions.

Recertification of Participants

- ☐ Recertifies the income eligibility of each participant at least once every 12 months, or more frequently if circumstances warrant.

Physical Examinations

- ☐ Offers physical examinations to participants upon program entry, and each year thereafter, as a benefit of enrollment.
- ☐ Obtains a written waiver from each participant who declines to have a physical examination.
- ☐ Grantee does not receive a copy or use the results of the physical examination to establish eligibility or for any other purpose.

Host Agencies

- ☐ Develops and implements methods for recruiting new host agencies to provide a variety of training options that will enable participants to increase their skill level and transition to unsubsidized employment.
- ☐ *Maintenance of Effort:* Community service assignments do not reduce the number of employment opportunities or vacancies that would otherwise be available to individuals who are not SCSEP participants.
 - Community service assignments do not displace currently employed workers (including partial displacement, such as a reduction in non-overtime work, wages, or employment benefits).
 - Community service assignments do not impair existing contracts or result in the substitution of Federal funds for other funds in connection with work that would otherwise be performed.
 - Community service assignments do not assign or continue to assign a participant to perform the same work, or substantially the same work, as that performed by an individual who is on layoff.

Orientation

Provides orientations for its participants and host agencies, including information on:

Program Overview

- ☐ Project goals and objectives
- ☐ Community service assignments
- ☐ Training opportunities
- ☐ Available supportive services
- ☐ Availability of free physical examinations
- ☐ Participant rights and responsibilities
- ☐ Host agencies
- ☐ Sub-recipients must also provide sufficient orientation to applicants and participants, which should include the following information:
 - SCSEP goals and objectives
 - Grantee and local project roles, policies, and procedures
 - Documentation requirements
 - Holiday and sick leave
 - Assessment process
 - Development and implementation of Individual Employment Plans
 - Evaluation of participant progress
 - Provision of safe working environment
 - Annual monitoring and safety assessment
 - Role of supervisors and host agencies
 - Maximum individual duration policy, including the possibility of waiver, if applicable

- Termination policies
- Grievance procedures

Wages

- ☐ Provides participants with the highest applicable required wage for time spent while in orientation, training and community service assignment. The applicable wage is the highest of the Federal, state, or local minimum wage.

Participant Benefits

- ☐ Provides workers' compensation and other benefits that are required by state or Federal law (such unemployment insurance), and the costs of physical examinations.
- ☐ Establishes written policies relating to compensation for scheduled work hours during which grantee or sub-recipients are closed for Federal holidays.
- ☐ Establishes written policies relating to approved breaks in participation and any necessary sick leave that is not part of an accumulated sick leave program.
- ☐ Does not use grant funds to pay the cost of pension benefits, annual leave, accumulated sick leave, or bonuses.

Durational Limits

Maximum Average Project Duration: 27 Months

- ☐ Complies with average project duration of 27 months or less, unless DOL approves an extension to 36 months.

Maximum Individual Participant Duration: 48 Months

- ☐ Complies with the requirement that participants may participate in the program no longer than 48 months (whether or not consecutively) unless the grantee's approved policy allows for an extension of time and the participant meets the extension criteria.
- ☐ Notifies participants of its policy pertaining to the maximum duration requirement, including the possibility of a waiver, if applicable, at the time of enrollment and each year.
- ☐ Provides 30-day written notice to participants prior to durational limit exit from the program

Transition Services

- ☐ Develops a system to transition participants to unsubsidized employment or other assistance before the participants' maximum enrollment duration has expired.

Termination Procedures

- ☐ Provides a 30-day written notice for all terminations that states the reason for termination and informs the participants of grievance policies and right to appeal.

Written Termination Policies

Written termination policies are in effect and provided to participants at enrollment for:

- ☐ Provision of false information
- ☐ Incorrect initial eligibility determination
- ☐ Income ineligibility determined at recertification
- ☐ Participant has reached individual durational limit
- ☐ Participant has become employed while enrolled
- ☐ Cause (a for-cause termination policy must be approved by the Department prior to implementation)
- ☐ IEP-related termination
 - IEP terminations are based solely on a participant's refusal to accept a reasonable number of job offers or referrals to unsubsidized employment (or to conduct a reasonable search for employment) consistent with their IEP, unless there are extenuating circumstances.

Equitable Distribution

- ☐ Complies with the Equitable Distribution (ED) plan for each state in which grantee operates and will only make changes in the location of authorized positions within a state in accordance with the state ED plan and with the approval of the Department.

Over-Enrollment

- ☐ Manage over-enrollment to minimize impact on participants and avoid layoffs.

Administrative Systems

- ☐ Ensures representation at all DOL-sponsored required grantee meetings.
- ☐ Communicates grant policy, data collection, and performance developments and directives to staff, sub-recipients, and local project operators on a regular basis.
- ☐ Develops a written monitoring tool that lists items the grantee will review during monitoring visits, and provides this tool to sub-recipients and local project operators.
- ☐ Develops a monitoring schedule; notifies sub-grantees and local project operators of monitoring plans; and monitors sub-grantees and local project operators on a regular basis.
- ☐ Develops and provides training to increase sub-recipients' and local project operators' skills, knowledge, and abilities.
- ☐ When appropriate, prescribes corrective action and follow-up procedures for sub-recipients and local project operators to ensure that identified problems are remedied.

- ☐ Monitors the financial systems and expenditures of sub-recipients and local project operators on a regular basis.
- ☐ Ensures that sub-recipients and local project operators receive adequate resources to effectively operate local projects.
- ☐ Trains sub-recipients and local project operators on SCSEP financial requirements to help them effectively manage their own expenditures, and provide more general financial training as needed.
- ☐ Ensures that all financial reports are accurate and submits them in a timely manner, as required.
- ☐ Develops a written plan for both disaster response and recovery so SCSEP may continue to operate and provide services.

Collaboration and Leveraged Resources

- ☐ Collaborates with other organizations to maximize opportunities for participants to obtain workforce development, education, and supportive services to help them move into unsubsidized employment. These organizations may include but are not limited to: workforce investment boards, One-Stop Career Centers, vocational rehabilitation providers, disability networks, basic education and literacy providers, and community colleges.

Supportive Services

- ☐ Provides supportive services, as needed, to help participants participate in their community service assignment and to obtain and retain unsubsidized employment.
- ☐ Establishes criteria to assess the need for supportive services and to determine when participants will receive supportive services, including after obtaining unsubsidized employment.

Sub-Recipient Selection (If Applicable)

- ☐ In selecting sub-recipients in areas with a substantial population of individuals with barriers to employment, national grantees give special consideration to organizations (including former recipients of national grants) with demonstrated expertise in serving individuals with barriers to employment, as defined in the statute.

Complaint Resolution

- ☐ Establishes and uses written grievance procedures for complaint resolution for applicants, employees, sub-recipients, and participants.
- ☐ Provides applicants, employees, sub-recipients, and participants with a copy of the grievance policy and procedures.

Procedures for Payroll and Workers' Compensation

- ☐ Makes all required payments for participant payroll and pays workers' compensation premiums on a timely basis.
- ☐ Ensures that host agencies do not pay workers' compensation costs for participants.

Maintenance of Files and Privacy Information

- ☐ Maintains participant files for three program years after the program year in which all follow-up activity for a participant is completed.
- ☐ Ensures that participant records are securely stored and access is limited to appropriate staff in order to safeguard personal identifying information.
- ☐ Ensures that participant medical records are securely stored separately from all other participant records and access is limited to authorized staff for authorized purposes.
- ☐ Establishes safeguards to preclude tampering with electronic media, e.g., personal identification numbers (PINs).
- ☐ Ensures that the SCSEP national office at DOL is immediately notified in the event of any potential security breach of personal identifying information, whether electronic files, paper files, or equipment are involved.
- ☐ Complies with, and ensures that authorized users under its grant comply with all SPARQ access and security rules.

Documentation

- ☐ Maintains documentation of waivers of physical examinations by participant.
- ☐ Maintains documentation of the provision of complaint procedures to participants.
- ☐ Maintains documentation of eligibility determinations and recertifications.
- ☐ Maintains documentations of terminations and reasons for termination.
- ☐ Maintains records of grievances and outcomes.
- ☐ Maintains records required for data validation.

Data Collection and Reporting

- ☐ Ensures the collection and reporting of all SCSEP required data according to specified time schedules.
- ☐ Ensures the use of the OMB-approved SCSEP data collection forms and the SCSEP data collection and evaluation system, SPARQ, including in WDCS.
- ☐ Ensures data will be entered directly into the WDCS.
- ☐ Ensures that those capturing and recoding data are familiar with the latest instructions for data collection, including DOL administrative issuances, e.g., Older Worker Bulletins, TEGs, Data Collection Handbook, Data Validation Handbook, and Internet postings.

- ☐ Legally obligates sub-recipients to turn over complete data files in the specified electronic format, as well as hard copy case files, to the grantee when sub-recipients cease to administer SCSEP.
- ☐ Legally obligates new sub-recipients to enter complete data related to any participants whom they acquire upon becoming sub-recipients, including any participants who are still in the follow-up period.

If any box(es) is not checked, information must be provided on a separate attachment indicating what specific steps the grantee is taking to conform to those standard grant requirement(s).

By checking the boxes above, I certify that my organization will comply with each of the listed requirements and will remain in compliance for the program year for which we are submitting this application.

Signature of Authorized Representative

Date

PROGRAM YEAR 2012 OPTIONAL SPECIAL REQUESTS

Applicants with special requests in one or more of the following areas must submit their requests and any supporting documentation as an attachment to their PY 2012 grant applications. Requests for approval should provide a substantive rationale, e.g., improved program management, better service to participants, or least disruption possible to participants.

Additional Funds for Participant Training and Supportive Services – Older Americans Act (OAA), Section 502(c)(6)(C). Any applicant that wishes to request additional funds must provide the specific information listed in this section. Applicants requesting additional funds for participant training and supportive services should *not* submit a separate budget narrative for these activities. Instead, the detailed budget narrative in the grant application should identify the specific training and supportive service activities that, if approved, the applicant will provide to participants. The applicant should also include costs associated with this request in the SF-424 and SF-424A.

The 2006 Amendments to the OAA permit an exception to the 75 percent minimum level of expenditures on participant wages and fringe benefits. This exception allows grantees to request to use not less than 65 percent of program funds for wages, benefits, and other costs, so that up to an additional 10 percent of funds are available for training and supportive services to directly benefit participants. As required in Section 502(C)(6)(C)(IV) of the OAA, applicants seeking this waiver must provide a work plan that includes the following:

- (a) A detailed description of the additional training and supportive services;
- (b) An explanation of how activities will directly benefit participants, improve project effectiveness, and improve employment outcomes for individuals served;
- (c) A sequence and timeline for these activities;
- (d) If applicable, an explanation concerning whether displacement of eligible individuals or elimination of positions will occur, and information on the number of individuals displaced or positions eliminated; and
- (e) Which performance measures the applicant expects will improve from the expenditure of additional funds, and the amounts by which it expects each measure will improve.

Increase in Administrative Cost Limitations – 20 CFR 641.870. The Department of Labor (Department) may authorize an increase in the amount available for administrative costs to not more than 15 percent if it determines that it is necessary to carry out the project, and if the applicant demonstrates that:

- (a) It is incurring major administrative cost increases in necessary program components; or
- (b) The number of employment positions or eligible minority individuals participating in the project will decline if administrative costs are not increased; or
- (c) The project size is so small that the amount of administrative expenses incurred to carry out the project necessarily exceeds 13.5 percent of project funding.

General statements that costs have increased do not constitute adequate justification. The applicant must identify which costs have increased, why they have increased, and how these costs relate to program operations.

Change 4-Year Durational Limit Waiver Options. Grantees received approval for one of the following durational limit policies to take effect in PY 2011:

- (1) Option 1: Grantee does not offer extensions to any participants
- (2) Option 2: Grantee offers extensions to each and every participant who meets any one of the seven waiver factors
- (3) Option 3: Grantee offers extensions to each and every participant who meets a specific subset of the seven waiver factors.

Applicants should describe: (a) their currently-approved individual durational limit policy; and (b) which of the three options above the applicant proposes to adopt, and the effective date of implementing this revised policy for new and current enrollees. Please note that any new policy for 2012 requires Departmental approval and must have an effective date of at least 120 days after approval receipt.

Extension of Maximum Project Duration – OAA Section. 502(b)(1)(C)(ii). The maximum average project duration based on overall participation is 27 months. Applicants may request permission from the Department to increase their maximum average project duration to 36 months.

On-the-Job Experience (OJE) Training Option. If an applicant wishes to utilize OJE as an additional training option, it must meet the requirements stipulated in Older Worker Bulletin 04-04. Applicants must provide an OJE policy and sample contracts to the Department for approval before they can exercise this option.

Cross-Border Agreements – 20 CFR 641.515(c). State applicants may enter into agreements to permit cross-border enrollment of eligible participants. These agreements must cover both state and national grantee slots, and must be submitted for approval by the Department.

ATTACHMENT E

SF-424 INSTRUCTIONS

Applicant must prepare their application using Standard Form (SF) 424 (*Attachment F*).

The following instructions are intended to clarify the process of completing the SF-424 grant application for SCSEP. The applicant should review the current authorizing legislation and regulations, as well as Older Worker Bulletin (OWB) No. 00-20, Allocation of Indirect Costs; OMB Circular A-87, Cost Principles for State, Local and Indian Tribal Governments; and OMB Circular A-122, Cost Principles for Non-Profit Organizations. Sufficient administrative funding must go to local levels of program operation.

Clarifying Instructions for SF-424. Grantees must complete all required items, which are identified with asterisks, as well as items that are noted below. If additional space is needed to complete an item, use an additional electronic document page.

Item 1. For type of submission, check "Application."

Item 2. For type of application, check "New."

Item 10. For name of Federal agency, list "U.S. Department of Labor, Employment and Training Administration".

Item 12. This item does not need to be filled in as this is not a competitive grant.

Item 14. This item must be completed; however, it contains similar information to that requested in the program narrative (*Attachment B*) under "Geographic Areas Served." Grantees should indicate in this box to "See attached Excel spreadsheet" and thoroughly address this item in "Geographic Areas Served."

ATTACHMENT F

SF-424

APPLICATION FOR FEDERAL ASSISTANCE

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application * If Revision, select appropriate letter(s) <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision</div><div>*Other (Specify) _____</div></div>	
<div style="display: flex;"><div style="flex: 1;">3. Date Received:</div><div style="flex: 1;">4. Applicant Identifier:</div></div>		
<div style="display: flex;"><div style="flex: 1;">5a. Federal Entity Identifier:</div><div style="flex: 1;">*5b. Federal Award Identifier:</div></div>		
State Use Only:		
<div style="display: flex;"><div style="flex: 1;">6. Date Received by State:</div><div style="flex: 1;">7. State Application Identifier:</div></div>		
8. APPLICANT INFORMATION:		
*a. Legal Name: _____		
<div style="display: flex;"><div style="flex: 1;">*b. Employer/Taxpayer Identification Number (EIN/TIN):</div><div style="flex: 1;">*c. Organizational DUNS:</div></div>		
d. Address:		
<div style="display: flex;"><div style="flex: 1;"><div>*Street 1: _____</div><div>Street 2: _____</div><div>*City: _____</div><div>County: _____</div><div>*State: _____</div><div>Province: _____</div><div>*Country: _____</div><div>*Zip / Postal Code: _____</div></div><div style="flex: 1;"></div></div>		
e. Organizational Unit:		
<div style="display: flex;"><div style="flex: 1;">Department Name:</div><div style="flex: 1;">Division Name:</div></div>		
f. Name and contact information of person to be contacted on matters involving this application:		
<div style="display: flex;"><div style="flex: 1;"><div>Prefix: _____</div><div>Middle Name: _____</div><div>*Last Name: _____</div><div>Suffix: _____</div></div><div style="flex: 1;"><div>*First Name: _____</div></div></div>		
Title: _____		
Organizational Affiliation: _____		

*Telephone Number:	Fax Number:
*Email:	

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424	Version 02
*9. Type of Applicant 1: Select Applicant Type: Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: *Other (Specify)	
*10 Name of Federal Agency:	
11. Catalog of Federal Domestic Assistance Number: _____ CFDA Title: _____	
*12 Funding Opportunity Number: _____ *Title: _____	
13. Competition Identification Number: _____ Title: _____	
14. Areas Affected by Project (Cities, Counties, States, etc.):	

***15. Descriptive Title of Applicant's Project:**

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant:

*b. Program/Project:

17. Proposed Project:

*a. Start Date:

*b. End Date:

18. Estimated Funding (\$):

*a. Federal

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on _____

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes

☐ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☐ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix:

*First Name:

Middle Name:

*Last Name:

Suffix: _____	
*Title:	
*Telephone Number:	Fax Number:
* Email:	
*Signature of Authorized Representative:	*Date Signed:

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Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

INSTRUCTIONS FOR THE SF-424

This is a standard form required for use as a cover sheet for submission of pre-applications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the federal agency (agency). Required fields on the form are identified with an asterisk (*) and are also specified as "Required" in the instructions below. In addition to these instructions, applicants must consult agency instructions to determine other specific requirements.

Item	Entry:	Item	Entry:
1.	Type of Submission: (Required) Select one type of submission in accordance with agency instructions. • Pre-application • Application • Changed/Corrected Application – Check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this form to submit changes after the closing date.	10.	Name Of Federal Agency: (Required) Enter the name of the federal agency from which assistance is being requested with this application.
2.	Type of Application: (Required) Select one type of application in accordance with agency instructions. • New – An application that is being submitted to an agency for the first time. • Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision - Any change in the federal government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. A. Increase Award D. Decrease Duration B. Decrease Award E. Other (specify) C. Increase Duration	11.	Catalog Of Federal Domestic Assistance Number/Title: Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
3.	Date Received: Leave this field blank. This date will be assigned by the Federal agency.	12.	Funding Opportunity Number/Title: (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
4.	Applicant Identifier: Enter the entity identifier assigned by the Federal agency, if any, or the applicant's control number if applicable.	13.	Competition Identification Number/Title: Enter the competition identification number and title of the competition under which assistance is requested, if applicable.
5a.	Federal Entity Identifier: Enter the number assigned to your organization by the federal agency, if any.	14.	Areas Affected By Project: This data element is intended for use only by programs for which the area(s) affected are likely to be different than the place(s) of performance reported on the SF-424 Project/Performance Site Location(s) Form. Add attachment to enter additional areas, if needed.
5b.	Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned federal award identifier number. If a changed/corrected application, enter the federal identifier in accordance with agency instructions.	15.	Descriptive Title of Applicant's Project: (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For pre-applications, attach a summary description of the project.
6.	Date Received by State: Leave this field blank. This date will be assigned by the state, if applicable.		
7.	State Application Identifier: Leave this field blank. This identifier will be assigned by the state, if applicable.		
8.	Applicant Information: Enter the following in accordance with agency instructions: a. Legal Name: (Required) Enter the legal name of applicant that will undertake the assistance activity. This is the organization that has registered with the Central Contractor Registry (CCR). Information on registering with CCR may be obtained by visiting www.Grants.gov . b. Employer/Taxpayer Number (EIN/TIN): (Required) Enter the employer or taxpayer identification number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.	16.	Congressional Districts Of: 15a. (Required) Enter the applicant's congressional district. 15b. Enter all district(s) affected by the program or project. Enter in the format: 2 characters state abbreviation – 3 characters district number, e.g., CA-005 for California 5th district, CA-012 for California 12 district, NC-103 for North Carolina's 103 district. If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. If nationwide, i.e. all districts within all states are affected, enter US-all. If the program/project is outside the US, enter 00-000. This optional data element is intended for use only by programs for which the area(s) affected are likely to be different than place(s) of performance reported on the SF-424 Project/Performance Site Location(s) Form. Attach an additional list of program/project congressional districts, if needed.
		17.	Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project.
		18.	Estimated Funding: (Required) Enter the amount requested, or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.
	c. Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting www.Grants.gov .	19.	Is Application Subject to Review by State Under Executive Order 12372 Process? (Required) Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State.
	d. Address: Enter address: Street 1 (Required); city (Required); County/Parish, State (Required if country is US), Province, Country (Required), 9-digit zip/postal code (Required if country US).	20.	Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of federal debt include; but, may not be limited to: delinquent audit disallowances, loans and taxes. If yes, include an explanation in an attachment.

	<p>e. Organizational Unit: Enter the name of the primary organizational unit, department or division that will undertake the assistance activity.</p>	21.	<p>Authorized Representative: To be signed and dated by the authorized representative of the applicant organization. Enter the first and last name (Required); prefix, middle name, suffix. Enter title, telephone number, email (Required); and fax number. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain federal agencies may require that this authorization be submitted as part of the application.)</p>																								
9.	<p>f. Name and contact information of person to be contacted on matters involving this application: Enter the first and last name (Required); prefix, middle name, suffix, title. Enter organizational affiliation if affiliated with an organization other than that in 7.a. Telephone number and email (Required); fax number.</p> <p>Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.</p> <table border="0"> <tr> <td>A. State Government</td> <td>M. Nonprofit</td> </tr> <tr> <td>B. County Government</td> <td>N. Private Institution of Higher Education</td> </tr> <tr> <td>C. City or Township Government</td> <td>O. Individual</td> </tr> <tr> <td>D. Special District Government</td> <td>P. For-Profit Organization (Other than Small Business)</td> </tr> <tr> <td>E. Regional Organization</td> <td>Q. Small Business</td> </tr> <tr> <td>F. U.S. Territory or Possession</td> <td>R. Hispanic-serving Institution</td> </tr> <tr> <td>G. Independent School District</td> <td>S. Historically Black Colleges and Universities (HBCUs)</td> </tr> <tr> <td>H. Public/State Controlled Institution of Higher Education</td> <td>T. Tribally Controlled Colleges and Universities (TCCUs)</td> </tr> <tr> <td>I. Indian/Native American Tribal Government (Federally Recognized)</td> <td>U. Alaska Native and Native Hawaiian Serving Institutions</td> </tr> <tr> <td>J. Indian/Native American Tribal Government (Other than Federally Recognized)</td> <td>V. Non-US Entity</td> </tr> <tr> <td>K. Indian/Native American Tribally Designated Organization</td> <td>W. Other (specify)</td> </tr> <tr> <td>L. Public/Indian Housing Authority</td> <td></td> </tr> </table>	A. State Government	M. Nonprofit	B. County Government	N. Private Institution of Higher Education	C. City or Township Government	O. Individual	D. Special District Government	P. For-Profit Organization (Other than Small Business)	E. Regional Organization	Q. Small Business	F. U.S. Territory or Possession	R. Hispanic-serving Institution	G. Independent School District	S. Historically Black Colleges and Universities (HBCUs)	H. Public/State Controlled Institution of Higher Education	T. Tribally Controlled Colleges and Universities (TCCUs)	I. Indian/Native American Tribal Government (Federally Recognized)	U. Alaska Native and Native Hawaiian Serving Institutions	J. Indian/Native American Tribal Government (Other than Federally Recognized)	V. Non-US Entity	K. Indian/Native American Tribally Designated Organization	W. Other (specify)	L. Public/Indian Housing Authority			
A. State Government	M. Nonprofit																										
B. County Government	N. Private Institution of Higher Education																										
C. City or Township Government	O. Individual																										
D. Special District Government	P. For-Profit Organization (Other than Small Business)																										
E. Regional Organization	Q. Small Business																										
F. U.S. Territory or Possession	R. Hispanic-serving Institution																										
G. Independent School District	S. Historically Black Colleges and Universities (HBCUs)																										
H. Public/State Controlled Institution of Higher Education	T. Tribally Controlled Colleges and Universities (TCCUs)																										
I. Indian/Native American Tribal Government (Federally Recognized)	U. Alaska Native and Native Hawaiian Serving Institutions																										
J. Indian/Native American Tribal Government (Other than Federally Recognized)	V. Non-US Entity																										
K. Indian/Native American Tribally Designated Organization	W. Other (specify)																										
L. Public/Indian Housing Authority																											

ATTACHMENT G

SF-424A

ETA's Regions 2 and 6 developed a helpful budget tool that consisted of an interactive SF-242A with tabs and instructions, "How to Develop a Budget." We have included with this planning TEGL the interactive form. The instructions are available upon request to grants.scsep2012@dol.gov. Grantees are encouraged to use this tool in developing their budget narratives. NOTE: The narrative tabs in this budget tool will hold a maximum of 251 characters without spaces. When the user exceeds 251 characters, the form will display "#####." Please use additional electronic pages if you exceed the 251 character maximum.

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. SCSEP	17.235	\$	-	\$	-	\$
2.		-	-	-	-	-
3.		-	-	-	-	-
4.		-	-	-	-	-
5. Totals		\$	-	\$	-	\$
SECTION B - BUDGET CATEGORIES						
Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY					
	(1)	(2)	(3)	(4)	(5)	
a. Personnel	\$	-	\$	-	\$	-
b. Fringe Benefits	-	-	-	-	-	-
c. Travel	-	-	-	-	-	-
d. Equipment	-	-	-	-	-	-
e. Supplies	-	-	-	-	-	-
f. Contractual	-	-	-	-	-	-
g. Construction	-	-	-	-	-	-
h. Other	-	-	-	-	-	-
i. Total Direct Charges (sum of 6a - 6h)	\$	-	\$	-	\$	-
j. Indirect Charges	-	-	-	-	-	-
k. TOTALS (sum of 6i and 6j)	\$	-	\$	-	\$	-
7. Program Income	\$	-	\$	-	\$	-

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Prescribed by OMB Circular A-102

Budget-1

SECTION C - NON-FEDERAL RESOURCES						
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS		
8.	\$	\$	\$	\$		
9.						
10.						
11.						
12. TOTAL (sum of lines 8 - 11)	\$	\$	\$	\$		
SECTION D - FORECASTED CASH NEEDS						
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
13. Federal	\$	\$ -	\$ -	\$ -	\$ -	
14. NonFederal		-	-	-	-	
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$	\$	
SECTION E - BUDGET ESTIMATES FOR FEDERAL FUNDS FOR BALANCE OF THE PROJECT						
(a) Grant Program	FUTURE FUNDING PERIODS (Years)					
	(b) First	(c) Second	(d) Third	(e) Fourth		
16. SCSEP	\$	\$ -	\$ -	\$ -		
17. Amount of Grant Funds Remaining after first year estimates are entered:	\$					
18. Amount of Grant Funds Remaining after future funding periods are estimated:	\$					
19.						
20. TOTAL (sum of lines 16 - 19)	\$	\$	\$	\$		
SECTION F - OTHER BUDGET INFORMATION						
21. Direct Charges	22. Indirect Charges					
See Budget Narrative	See Budget Narrative					
23. Remarks						
See Budget Narrative						

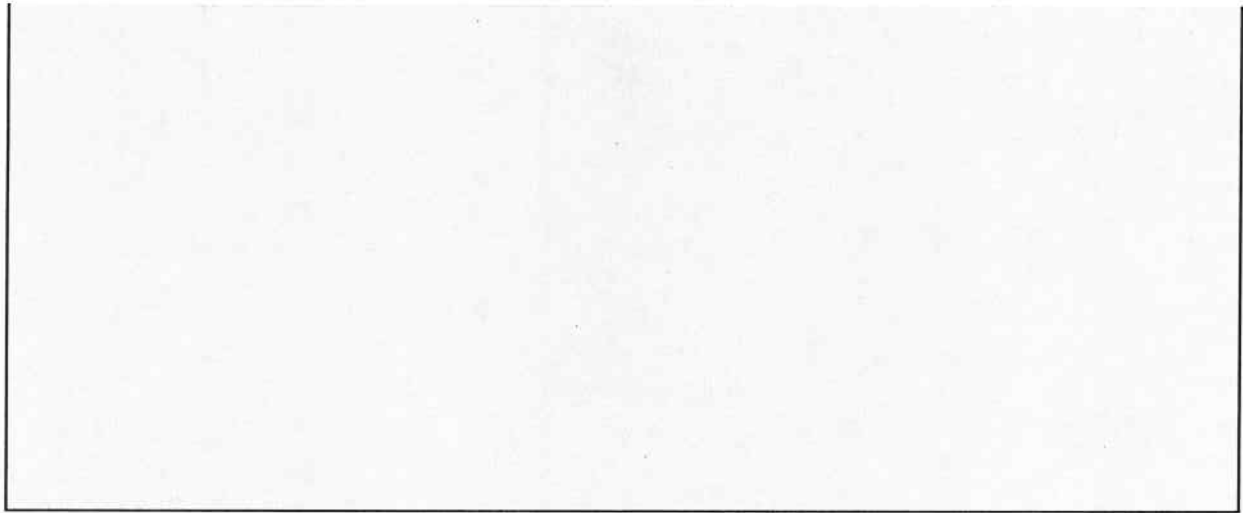
Funding Period	
to	
# of Months:	

Budget Narrative - PERSONNEL <i>(Responses exceeding 250 characters should use separate sheet)</i>	

Object Class Category (b.): FRINGE BENEFITS

A	B	C	D	E
Position/s	Benefit/s	Rate	Base Amount	Cost
1.			\$	\$
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
14.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.				
34.				
35.				
36.				
37.				
38.				
39.				
40.				
TOTAL FRINGE BENEFITS			\$	

Budget Narrative - FRINGE BENEFITS (Responses exceeding 250 characters should use separate sheet)



Object Class Category (c.): TRAVEL

A Item	B # of Staff	C # of Units	D Unit Type	E Cost per Unit	F Cost
1.				\$	\$
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
14.					
16.					
17.					
18.					
19.					
20.					
TOTAL TRAVEL					\$

Budget Narrative: TRAVEL (Responses exceeding 250 characters should use separate sheet)

Object Class Category (d.): EQUIPMENT

(Includes equipment costing \$5,000 or more and a useful life of more than one year)

A	B	C	D
Item	# of Items	Cost per Item	Cost
1.		\$	\$
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
14.			
16.			
17.			
18.			
19.			
20.			
TOTAL EQUIPMENT			\$

Budget Narrative: EQUIPMENT (Responses exceeding 250 characters should use separate sheet)

Object Class Category (e.): SUPPLIES

(Includes equipment costing less than \$5,000)

A Item	B # of Units	C Unit Type	D Cost per Unit	E Cost
1.			\$	\$
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
14.				
16.				
17.				
18.				
19.				
20.				
TOTAL SUPPLIES				\$

Budget Narrative: SUPPLIES (Responses exceeding 250 characters should use separate sheet)

Object Class Category (f.): CONTRACTUAL	
A Brief Description	B Cost
1.	\$
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
14.	
16.	
17.	
18.	
19.	
20.	
TOTAL CONTRACTUAL	
	\$

Budget Narrative: CONTRACTUAL (Responses exceeding 250 characters should use separate sheet)

(Including Training Expenses)

TOTAL OTHER COSTS	\$
-------------------	----

Budget Narrative: OTHER COSTS (Responses exceeding 250 characters should use separate

Object Class Category (i.): INDIRECT CHARGES

Choose one of the following options to apply indirect charges to the grant:

OPTION A**For grantees that have an approved Indirect Cost Rate Agreement**

Federal agency that issued the agreement	
What is the approved rate (%)?	
What is the base against which rate is applied? (Note: enter description as specified in the agreement)	
What is the the base amount (\$)?	
Enter the rate (%) that will be used for this grant	
Enter the amount (\$) that will be used for this grant	\$ -

OPTION B**For grantees that *DO NOT* have an approved Indirect Cost Rate Agreement**

Enter fixed amount (\$) that will be used	\$ -
---	------

(Note: This will be only temporary until your Indirect Cost Rate Application is Submitted and Approved)

TOTAL INDIRECT CHARGES

\$

Budget Narrative - INDIRECT CHARGES (Responses exceeding 250 characters should use separate

ADMINISTRATIVE COSTS

Pursuant to 20 CFR 641.867 and 641.870, grantees are advised that there is a 13.5% limitation on administrative costs on funds administered under this grant. The Grant Officer may, however, approve additional administrative costs up to a maximum of 15% of the total grant award amount, if adequate justification is provided by the grantee at the time of the award. In no event, may administrative costs exceed 15% of the total award amount. The cost of administration shall include those activities enumerated in 20 CFR 641.853-861.

Budget Narrative - ADMINISTRATIVE COSTS

PROGRAM YEAR 2012 FEDERAL PROJECT OFFICER LIST FOR SCSEP GRANTEES

Grantee	Region	FPO Name	Phone	E-Mail
Alabama	III	Terri Lonowski	(404) 302-5377	lonowski.terri@dol.gov
Alaska	VI	Ingrid Nyberg	(415) 625-7947	nyberg.ingrid@dol.gov
Arizona	VI	Latha Seshadri	(415) 625-7937	seshadri.latha@dol.gov
Arkansas	IV	Marilyn Brandenburg	(972) 850-4617	brandenburg.marilyn@dol.gov
California	VI	John Jacobs	(415) 625-7940	jacobs.john@dol.gov
Colorado	IV	Cynthia Green	(972) 850-4619	green.cynthia@sdol.gov
Connecticut	I	Suzanne Pouliot	(617) 788-0180	pouliot.suzanne@dol.gov
Delaware	II	Barbara Shelly	(215) 861-5541	shelly.barbara@dol.gov
District of Columbia	II	Barbara Shelly	(215) 861-5541	shelly.barbara@dol.gov
Florida	III	Brad Sickles	(404) 302-5373	sickles.brad@dol.gov
Georgia	III	Jessica Otieno	(404) 302-5370	otieno.jessica@dol.gov
Hawaii	VI	Janice Shordike	(415) 625-7943	shordike.janice@dol.gov
Idaho	VI	John Jacobs	(415) 625-7940	jacobs.john@dol.gov
Illinois	V	Alice Mitchell	(312) 596-5413	mitchell.alice@dol.gov
Indiana	V	Alice Mitchell	(312) 596-5413	mitchell.alice@dol.gov
Iowa	V	Alice Mitchell	(312) 596-5413	mitchell.alice@dol.gov
Kansas	V	Alice Mitchell	(312) 596-5413	mitchell.alice@dol.gov
Kentucky	III	Claudine Noel	(404) 302-5368	noel.claudine@dol.gov
Louisiana	IV	Rebecca Sarmiento	(972) 850-4621	sarmiento.rebecca@dol.gov
Maine	I	Keeva Davis	(617) 788-0141	davis.keeva@dol.gov
Maryland	II	Barbara Shelly	(215) 861-5541	shelly.barbara@dol.gov
Massachusetts	I	Keeva Davis	(617) 788-0141	davis.keeva@dol.gov
Michigan	V	Alice Mitchell	(312) 596-5413	mitchell.alice@dol.gov
Minnesota	V	Alice Mitchell	(312) 596-5413	mitchell.alice@dol.gov
Mississippi	III	Lovie Thompson	(404) 302-5379	thompson.lovie@dol.gov
Missouri	V	Alice Mitchell	(312) 596-5413	mitchell.alice@dol.gov
Montana	IV	Jesus Morales	(972) 850-4616	morales.jesus@dol.gov
Nebraska	V	Alice Mitchell	(312) 596-5413	mitchell.alice@dol.gov
Nevada	VI	John Jacobs	(415) 625-7940	jacobs.john@dol.gov
New Hampshire	I	Keeva Davis	(617) 788-0141	davis.keeva@dol.gov
New Jersey	I	Keeva Davis	(617) 788-0141	davis.keeva@dol.gov
New Mexico	IV	Roseana Smith	(972) 850-4615	smith.roseana@dol.gov
New York	I	Keeva Davis	(617) 788-0141	davis.keeva@dol.gov
North Carolina	III	Winston Tompoe	(404) 302-5372	tompoe.winston@dol.gov
North Dakota	IV	Bill Martin	(972) 850-4635	martin.bill@dol.gov
Ohio	V	Alice Mitchell	(312) 596-5413	mitchell.alice@dol.gov
Oklahoma	IV	Felecia Blair	(972) 850-4643	blair.felecia@dol.gov
Oregon	VI	John Jacobs	(415) 625-7940	jacobs.john@dol.gov
Pennsylvania	II	Barbara Shelly	(215) 861-5541	shelly.barbara@dol.gov
Puerto Rico	I	Keeva Davis	(617) 788-0141	davis.keeva@dol.gov
Rhode Island	I	Keeva Davis	(617) 788-0141	davis.keeva@dol.gov
South Carolina	III	Toni Buxton	(404) 302-5367	buxton.toni@dol.gov
South Dakota	IV	Bernie Cutter	(972) 850-4618	cutter.bernarda@dol.gov
Tennessee	III	Linda Lundy	(404) 302-5369	lundy.linda@dol.gov
Texas	IV	Kajuana Donahue	(972) 850-4613	donahue.kajuana@dol.gov
Utah	IV	Bill Martin	(972) 850-4635	martin.bill@dol.gov
Vermont	I	Keeva Davis	(617) 788-0141	davis.keeva@dol.gov
Virginia	II	Barbara Shelly	(215) 861-5541	shelly.barbara@dol.gov

Washington	VI	John Jacobs	(415) 625-7946	jacobs.john@dol.gov
West Virginia	II	Barbara Shelly	(215) 861-5541	shelly.barbara@dol.gov
Wisconsin	V	Alice Mitchell	(312) 596-5413	mittchell.alice@dol.gov
Wyoming	IV	Jesus Morales	(972) 850-4616	morales.jesus@dol.gov
American Samoa	VI	John Jacobs	(415) 625-7940	jacobs.john@dol.gov
Guam	VI	John Jacobs	(415) 625-7940	jacobs.john@dol.gov
Northern Mariana Islands	VI	John Jacobs	(415) 625-7940	jacobs.john@dol.gov
Virgin Islands	I	Keeva Davis	(617) 788-0141	davis.keeva@dol.gov